

Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
Phone:(615) 532-0625

PERMIT CONTACT INFORMATION

Please complete all secti	ons. If one person serves multiple	functions, please repeat this inform	ation in each section	on.					
PERMIT NUMBER:	TN0059358	DATE: 4\19\2011							
PERMITTED FACILIT	ΓY: Copper Basin U.D.	COUNTY: Polk							
OFFICIAL PERMIT C	AND ADDRESS OF THE AD		ur prime i pri Prime i prime i						
(The permit signatory author	rity, e.g. responsible corporate officer, p	rinciple executive officer or ranking elected	d official)						
Official Contact: Jackie Russell		Title or Position:							
Mailing Address:		Chairman City:	State	: Zip;					
2597 Highway 68 Phone number(s):		Turtletown	TN	37391					
423-496-5744		E-mail: cbuwater@etcmail.com	n						
PERMIT BILLING AD	DRESS (where invoices should be	sent)(3.第一次是为"全型"于 _{2.6} 。200					
Billing Contact: Randy Adcock		Title or Position: Wastewater Operator		1					
Mailing Address: 2597 Highway 68	ende oppgevorensensensensenstensen fast odige vogen groep en en en en en de liebt de de groep (groep groep en move	City:		Zip;					
Phone number(s):	NSS/Itanson passen promissi projet (1998) nekom promissi promissi projety (1998-1951) i misse suscensi projet	Turtletown E-mail:	TN	37391					
423-496-5744									
FACILITY LOCATION	N (actual location of permit site and	l·local contact for site activity);		Production of the Control of the Con					
Facility Location Contact: Randy Adcock		Title or Position: Wastewater Operator							
Facility Location (physical str Industrial Park	eet address):	City: Ducktown	State: TN	Zip: 37391					
Phone number(s): 423-496-5744		E-mail:		обен повен в воени главник на во чи и суд (-) (д) до суд посони в воени в воени в воени в воени в воени в воени					
Alternate Contact (if desired):		Title or Position:	· · · · · · · · · · · · · · · · · · ·						
Mailing Address:	llesslukeen meen majapun 1960 likslukkaan meessaysen majapun 1960 likslukuluskuussa mee jope ma	City:	State:	Zip:					
Phone number(s):		E-mail:	(mala mala mala mala mala mala mala mala	**************************************					
FACILITY REPORTIN	NG (Discharge Monitoring Report (DMR) or other reporting):							
Cognizant Official authorized Jackie Russell	for permit reporting:	Title or Position: Chairman		The state of the s					
Mailing Address: 2597 Highway 68		City: Turtletown	State; TN	Zip: 37391					
Phone number(s): 423-496-5744		E-mail:	A CONTRACTOR OF THE PROPERTY O	Antiendeligen on der seine der der der der der der der der der de					
Fax number for reporting: 423-496-3095		Does the facility have interest	starting electronic Di	MR reporting? Yes No					
L									

FORM SEDA				ORMAT		I. EPA	ID. NUMB	R	T/A / II C
	Co	nsol	idated Per	mits Progra tions" before	am .		V0059358	13	D / 15"
LABELITEMS I. EPA I.D. NUMBER						If a ore	SENERAL INS	ias heer	provided
III. FACILITY NAME						nforma incorrect	n the designated tion carefully: tt.cross through	ispace if any in it and	of it is enter the
V. FACILITY PLEASE	DI A	?EI	I AREI	IN TUIC C	DACE	SDACE	data in the ap Also if any of the (the area to the lists the infor	ne len c nation t	r the label hat should
MAILING LIST						appear) in area	please provide s) below If the rect, you need and VI(except	it in the	proper fill- s complete
VI. FACILITY LOCATION						if no lat	led regardless) pel has been properly ons for detaile the legal author	Comple oved. F d item o	te all items (efer to the lescriptions
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through U to determine the complete A through U to de	alne wa	athar	voji naad ta				a is collected.	949	
questlons; you must submit this form and the supp the supplemental form is attached. If you answer excluded from permit requirements; see Section C	no" to e	annon each c	i listed in the	parentnesis toli need not subm	owing the quit any of thes	iestion. Mark le forms - Yo	"X" in the box i	n the thii	d column if
SPECIFIC QUESTIONS			FORM ATTACHED		ECIFIC QUI	*Add (在) 经 基本	YES	MAR	("X"
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	\boxtimes			proposed) feeding	include a operation	ity <i>(either ex</i> concentrated or aquatic	animal animal		ATTAGHED
C.//Is this facility which currently results in- discharges to waters of the U.S. other than	16	17	70/24/18/19/2	to waters of D. Is this propo	f-the U.S.? (F sal:facility <i>(cti</i>	i results in a c ORM 2B) ie <i>r than those</i> ill result in a c	described 1	20	21:55
those described in A or B above? (FORM:2C) E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM:3)	22.6	23 /	24	to waters of F Do you or w municipal e	fithe U.S.7 (Fi vill you inject a ffluent below	ORM 2D) t this facility in the lowermos	dustrial or the stratum		27
	28 m	· 29 ·	30. 744	containing: bore, unde (FORM4)	within one q rground sour	uarter mile of ces of drinkin	the well g water?		33.
G Do you or will you fined; at this facility, any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, finied fluids used for		\boxtimes		Frasch proc	esses such as ess. solution r	s mining of sulf nining of miner	er by the	\boxtimes	
ennanced recovery of oil or natural gas, or inject, fluids for storage of liquid hydrocarbons? (FORM 4)	∴ 34 <i>≥</i>	35.	36 //			Jel, or recovery (M.4)	37	38	39
Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the clean Air Act and may affect on be.		\boxtimes		listed in the emit 250	OT one of the instructions a tons per ves	28 industrial ind which will in any air	categories Dotentially		
under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) III. NAME OF FACILITY	40 🕞	41.	42	regulated u	nder the Clear	n Air Act and r nent are? (FC	nav affect i	.44	
SKIP Copper Basin U.D. STP	Source							20	
IV: FACILITY CONTACT: A NAME & TITLE (fas		title).	建建筑的 企业。		B P	HONE (area	code & no.)		
Randy Adcock Wastewater Oper		alvace a	an in the second second		423	496	5744		
V. FACILITY MAILING ADDRESS A STREET OR P					18t 1 1				
2597 Highway 68				45			enga (1946), sang Ipilan satta nera s Zanga sanga		
B CITY OR TOWN Turtletown				C. STATE	** D. ZIP CO 37391	DDE //	AND MORE SEC.		
VI. FACILITY LOCATION	.,,,	1,56,1,56	2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41 42	-47	251k (1)			
A STREET, ROUTE NO OR OTHE 2597 Highway 68	ik SPE	CIFIC	IDEN NIFIER						
B. COUNTY NAME	5-97-677-712b 	24 de s		45					
46 C. CITY OR TOWN	18 18 18 18 18 18 18 18 18 18 18 18 18 1		70	D STAT	Company		F COUNTY C	ODE	
C Ducktown 15 16	1998 P. C.	esse descrip	40	TN	2 37	391	52	_	

CONTINUED FROM THE FRONT								
VII. SIC CODES (4-digit, in order of priority)								
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[A][[]		7	'	specify)				
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15 16 217 217 217 217 217 217 217 217 217 217	9	7 45 46		-, /				
VIII. OPERATOR INFORMATION			H. Markett Philip					
AK	VAME :			Train spe		B is th	e name listed in	n Item
Copper Basin U.D.					***************************************	∰VIII-	A also the owne	
18 19			(s) (t) 生			100 元 法定款法法的证据	YES 🔲 NO L	
C: STATUS OF OPERATOR (Enter the appropriate letter in F = FEDERAL M = PUBLIC (other than federal or state)			Other," specif	y.)		CANADA CONTRACTOR OF THE CANADA CONTRACTOR OF	de & no.)	-
S = STATE O = OTHER (specify)	M	(specify)		Ā	423	496	5744	
P = PRIVATE E STREET OR PO BOX	56	700 m (177 m) 187 m		15	16 18	19	21 22 2	5
2597 Highway 68								
26			55					
F CITY OR TOWN	274	TATE	H. ZIP CODI	1770 7.000	NDIAN LA			
B	TA		37391		facility locat	ed on Indian	lands?	reroes Calesto
15 16 40. X. EXISTING ENVIRONMENTAL PERMITS	42	42	77 E	51 (I IES	⊠ NO.	e de long sklast	
A. NPDES (Discharges to Surface Water)	I JUSTINAL	SD/Air Emi	ssions from F	Proposad S	dulpod a l		To the Table of the Allegania	Mark Aller
C T TN0059358	C // T	8	ssions Huntif	แล่นดอลด (2)	outoos) and the			
9 N 15 16 17 18 30	9 /P	KF10 9815323 5	S. P. Mary District	es and Estimated Pales.	ita konten go sto	William Profit		
B. UIC (Underground Injection of Fluids	1.7	•	OTHER (spe			(Specify)		SECTION SECTION
C T S I S	9 /	8						
15 16 17 18 30	emeliativity of the		en en en en					
C. RCRA (Hazardous Wastes)	СТ		OTHER (spe	cify)		(Specify)	,	
9. R 133	9	K 5400						
15: 16: 17: 18: 30: XI.MAP	154-1416	17 18			30			
Attach to this application a topographic map of the	2702 6V	abalisa ta a					The state of the s	200 E 100 C 100 C
show the outline of the facility, the location of each	ach of⊬it	s existing.	and propose	ed: intake	and disch	arde structi	ires each of	its
hazardous waste treatment/ storage, or disposal f	acilities,	and each v	vell where i	t injects fl	uids under	ground. Inc	lude all sprin	igs,
rivers and other surface water bodies in the map ar	real. See	instruction	s for precise	requirem	ents 💮 💮	fille com	心藏性 古石	, (a), (b),
XII. NATURE OF BUSINESS (provide a brief de	escriptio	n) -						
:								
					·			
XIII. CERTIFICATION (see instructions)	and the property of the second	Carrie comment of the	- COLLAND IN THE COLL					
I certify under penalty of law that I have personally	(éxamin	ed and am	familiar with	i the infon	mation sub	mitted in thi	s application	and 🖟
all attachments and that, based on my inquiry of the application. I believe that the information is tr	riose pei	son s imme	aiately resp amplata	onsible fo	r optaining	the informa	tion containe	d in
submitting false information, including the possibilit	ty of fine	and impris	onment.	arı awale	ulatitile/6	are signific	an penames	IOT.
A. NAME & OFFICIAL TITLE (type or print)	B. SIG	NATURE			ones e se estar referenciale de la constanta d	C. DA	TE SIGNED	ONE () 2019
Jackie Russell - Chairman	10	CB:	Rus	_ 0 0		L.L	19-11	
COMMENTS FOR OFFICIAL USE ONLY		nue	v us	Ielk_		<u> _ T`</u>	11:11	سنسي
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Form Approved 1/14/99 OMB Number 2040-0086

FORM

2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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BASIC APPLICATION INFORMATION

PΔR	TA BASIC APPLICA	TION INFORMATION	FOR ALL APPLICANTS:	
1.12 50000	Physical Charles and a strategy of the control of t	The second secon	FOR ALL APPLICAN IS: prough A.8 of this Basic Application Infor	WANTER BUILDING
A.1.	Facility Information			nauon racket
	Facility Name Mailing Address	Coper Basin U.D. 2597 Highway 68 Tu	untletourn TN 27204	
	Walling / taaress	2007 Highway 00 Ft	intetown, 1N 37391	
	Contact Person	Randy Adcock		
	Title	Wastewater Operato	or	
	Telephone Number	(423) 496-5744		
	Facility Address (not P.O. Box)	Industrial Park Duc	ktown, TN 37391	
A.2.	Applicant Informati	on. If the applicant is diff	erent from the above, provide the following:	
	Applicant Name	Copper Basin U.D.		
	Mailing Address			
	Contact Dougle			
	Contact Person Title			
	Telephone Number			
	·	Owner or operator (or h	ooth) of the treatment works?	
	owner	operator operator	outly of the deathert works?	
			nis permit should be directed to the facility or t	the applicant
	☐ facility	⊠ applicant		spp.103/11/
A.3.	Existing Environme the treatment works	ental Permits. Provide the (include state-issued perr	ne permit number of any existing environment mits).	ial permits that have been issued to
	NPDES TN005	59358	PSD	
	UIC		Other	
	RCRA		Other	
A.4.	Collection System Int population of each enti ownership (municipal,	ty and, if known, provide i	mation on municipalities and areas served by information on the type of collection system (the facility. Provide the name and combined vs. separate) and its
	Name	Population Ser	ved Type of Collection System	Ownership
	City Of Ducktown	380	<u>Seperate</u>	<u>Utility District</u>
	Total population	served 380		,

FACILITY NAME AND PERMIT NUMBER: Copper Basin U.D. STP TN0059358 Form Approved 1/14/99 OMB Number 2040-0086 A.5. Indian Country. Is the treatment works located in Indian Country? ⊠ No Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually b. flows through) Indian Country? ☐ Yes ⊠ No A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal. a. Design flow rate 0.14 Two Years Ago Last Year This Year b. Annual average daily flow rate 0.07 0.073 0.067 C. Maximum daily flow rate 0.21 0.64 0.62 A.7, Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each. ⊠ Separate sanitary sewer 100 Combined storm and sanitary sewer A.8. Discharges and Other Disposal Methods. Does the treatment works discharge effluent to waters of the U.S.? ☐ No If yes, list how many of each of the following types of discharge points the treatment works uses: Discharges of treated effluent ii. Discharges of untreated or partially treated effluent iii. Combined sewer overflow points iv. Constructed emergency overflows (prior to the headworks) Other b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ⊠ No If yes, provide the following for each surface impoundment: Annual average daily volume discharge to surface impoundment(s) mgd

intermittent?

intermittent?

Does the treatment works discharge or transport treated or untreated wastewater to another

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

continuous or

Does the treatment works land-apply treated wastewater?

If yes, provide the following for each land application site:

continuous or

Annual average daily volume applied to site:

Is discharge

Location:

Number of acres:

Is land application

treatment works?

Ċ.

d.

⊠ No

⊠ No

☐ Yes

Yes

Copper Basin U.D. STP TN0059358

Trans Mailin Conts Title Telep Name Mailin Conts Title Telep If known	act Person ach treatment works that receives this discharge, provide the following: act Person act Person ach treatment works that receives this discharge, provide the following: act Person act Person act Person
Mailin Cont Title Telep Name Mailin Cont Title Telep If kno	act Person phone Number () ach treatment works that receives this discharge, provide the following: act Person act Person
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	own, provide the NPDES permit number of the treatment works that receives this discharge
	de the average daily flow rate from the treatment works into the receiving facility mgd
e. Does in A.8	the treatment works discharge or dispose of its wastewater in a manner not included 3. through A.8.d above (e.g., underground percolation, well injection): Yes No
If yes	s, provide the following <u>for each disposal method</u> :
Desc	ription of method (including location and size of site(s) if applicable):
Annu	al daily volume disposed by this method:

Copper Basin U.D. STP TN0059358

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B. "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

	_	Outfall manage :	.04			
	a.	-	01			
	b.	Location <u>C</u>	ity of Ducktown (City or town, if applicable)	le)	 .	37326 (Zip Code)
		F	Polk	,		_TN
		-	(County)			(State)
		-	(Lattitutde)			(Longitude)
	c.	Distance from shore (if appli	cable)			ft.
	d.	Depth below surface (if appl	icable)			_ ft.
	e.	Average daily flow rate				_ mgd
	f.	Does this outfall have either discharge?	an intermittent or a pe	riodic Yes	⊠ No	(go to A.9.g.)
		If yes, provide the following	information:			
		Number f times per year dis	charge occurs:			_
		Average duration of each di	scharge:		· · · · · · · · · · · · · · · · · · ·	
		Average flow per discharge:				_ mgd
		Months in which discharge of	occurs:	····	-	_
	g.	Is outfall equipped with a dif	fuser?	Yes Yes	☐ No	
0.	Descri	ption of Receiving Waters.				
	a.	Name of receiving water	Ocoee River	r Mile 33.1		
	b.	Name of watershed (if know	n) <u>Ocoee Rive</u>			
		United States Soil Conserva	ition Service 14-digit w	atershed code (it	f known):	
	C.	Name of State Managemen	t/River Basin (if known)):		
		United States Geological St	rvey 8-digit hydrologic	cataloging unit o	ode (if know	n):
	d.	Critical low flow of receiving acute	stream (if applicable) cfs	chronic		cfs
	e.	Total hardness of receiving	stream at critical low fl	ow (if annlicable)	,	mg/l of CaCO;

Copper Basin U.D. STP TN0059358

A.11.	Descrip	tion of T	reatment				, , , ,		· · · · · · · · · · · · · · · · · · ·	
	a. What levels of treatment are provided? Check all that apply.									
		Prin	nary							
		☐ Adv	anced		Other: Desc					
	b.	Indicate	the followi							
		Design I	BOD5 rem	oval <u>or</u> Desig	n CBOD5 ren	noval	<u>85</u>			%
		Design :	SS remova	ıl			<u>85</u>			%
		Design I	P removal				****			%
		Design I	N removal							%
		Other								%
	C.	What ty	pe of disint	ection is use	d for the efflue	ent from th	nis outfall? I	If disinfection va	ries by season, pl	ease describe:
		Sodiun	n Hypoch	lorite						
		If disinfe	ection is by	chlorination	is dechlorinati	ion used f	or this outfa	il? [Yes	⊠ No
	d.	Does th	e treatmen	t plant have i	post aeration?	,			Yes	⊠ No
		<u> </u>								741
Outfall i	number:	······································		d Johanna (1997) and Salara		-			e-half years apar	
	PARAN	ABIEK.		102 PK 128 PK 128 V 128	DAILY VALI	Colonia de		AND THE PARTY OF T	DAILY VALUE	August 2007 (Charles
	EASTAINT!			Value	Units	- August	Value	Unit	s Numb	er of Samples
pH (Mir	<u>i</u> .			6.6	s.u.					
pH (Ma Flow Ra				7.4	s.u.		0.07	MO		4005
	rature (W	inter)		0.64 16	MGD degrees	<u>.</u>	0.07 11	MGI degree		1095 30
	rature (Si	 -		25	degrees		23	degree		30
L'A Clidesi	10分/超过海域 基础的	45-03-00 pt 1 35-28	GASKER DELIVER STORY	AL DESCRIPTION OF THE PARTY OF	maximum da	对学生的主题中国的				ar valueurista (v. 2002). Produktsu saanist
	POLI	LUTANT			JM DAILY HARGE Units	A Conc.	VERAGE DISCHAR Units	CONTRACTOR AND A CONTRACTOR RELIGIOUS AND AND ADDRESS	ANALYTICAL METHOD	ML/MDL
								Samples ⊘		
			ı		NAL COMPO				_	
	MICAL O		BOD5	5.3	mg/l	2.5	mg/l	12	SM5210 B	2.0 mg/l
FECAL	COLIFO	RM	CBOD5	25	col/100	4.8	001/100	42	mColiBina 04	4 - 61/400
		DED SOLIE	OS (TSS)	10.4	mg/l	4.8	col/100 mg/l	12 12	mColiBlue 24 SM2540 D	1 col/100 2.0 mg/l
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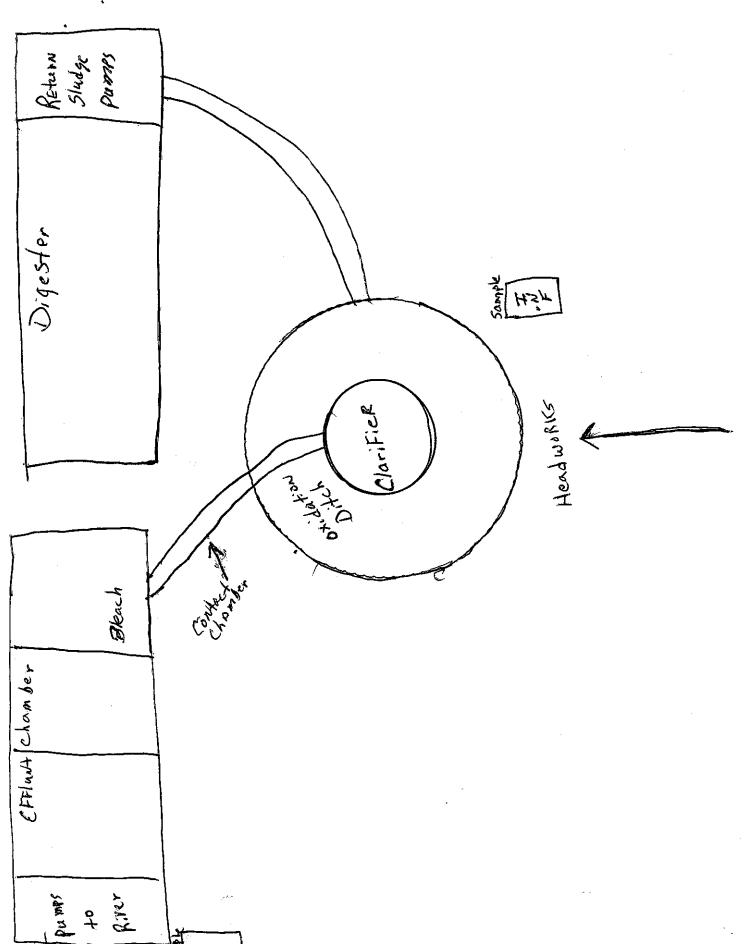
END OF PART A: REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Copper Basin U.D. STP TN0059358

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COSTANTA AND REPORT CONTRACTOR	· · · · · · · · · · · · · · · · · · ·	发达 的晶晶结合 经有关基本	(1) 1. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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M = 4 / 4 / 4 日本版 4			J. U. 97 A 徳 D. L. 68 9 N 1 2
	25 35 TO 10	A N 48 N 1 58 V A A N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

renigi	514545									
	₹T B.	THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).								
Alla	pplica	ants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).								
	Inflo	w and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow for infiltration.								
	<u>500</u>	<u>0</u> gpđ								
	Brie	fly explain any steps underway or planned to minimize inflow and infiltration.								
	<u>Cor</u>	pper Basin U.D. evaluates and maintains the collection system routinely to minimize and reduce inlow & infiltration.								
B.2.	bour	ographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property ndaries. This map must show the outline of the facility and the following information. (You may submit more than one map if map does not show the entire area.)								
	a.	The area surrounding the treatment plant, including all unit processes.								
	b.	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.								
	C.	Each well where wastewater from the treatment plant is injected underground.								
	d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ½ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.									
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.								
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.								
B.3.	chlor	cess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all up power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., ination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram.								
B. 4.	Oper	ation/Maintenance Performed by Contractor(s).								
	Are a	any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a actor?								
	If yes	s, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional s if necessary).								
	Name	e:								
	Mailir	ng Address:								
	Tolor	phone Number: ()								
		ohone Number: () consibilities of Contractor:								
D 6										
B.5.	treatr	eduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or mpleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the ment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 ach. (If none, go to question B.6.)								
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.								
		N/A								
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.								
		Yes No								
EPA F	orm '	3510-2A (Rev. 1-99) Replaces EDA forms 7550 6 2 7550 33								

Copper Basin U.D. S	TP TNOO!	59358				•	Form Approved 1/14/99 OMB Number 2040-0086
c. If the answer to B.5.b is "Yes	," briefly desc	ribe, including	new maxim	um daily inflo	ow rate (if applicab	le).	1000000
d. Provide dates imposed by an applicable. For improvement applicable. Indicate dates as	is planned ind	lependently of	ny actual da local, State,	tes of compl or Federal a	etion for the impler agencies, indicate p	mentation steps listed planned or actual com	below, as pletion dates, as
	-	Schedul	e		Actual Cor	npletion	
Implementation Stage		MM/DD/	<u>YYYY</u>		MM/DD/YY	<u>(YY</u>	
- Begin Construction			1 1	· · · · · · · · · · · · · · · · · · ·			
- End Construction	-		1 1				
- Begin Discharge			1 1		1		
- Attain Operational Level			<u> </u>			<i>I</i>	
e. Have appropriate permits/cle	arances conc	erning other F	ederal/State	requirement	ts been obtained?	☐ Yes [No
Describe briefly:							
							-
B.6. EFFLUENT TESTING DATA	CDEATED	THAN 0 1 M	CD ONLY	`			
Outfall Number:POLLUTANT		JM DAILY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VERAGE	Control of the Contro	ANALYTICAL	ML/MDL
	FOR A SPRING DISCUSSION FOR	HARGE		DISCHA		METHOD	
(中国) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CO	NVENTIO	NAL COMP	OUNDS				
AMMONIA (as N)	0.10	mg/l	0.10	mg/l	3	EPA 350.1	0.10 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	1.1	mg/l	0.58	mg/l	60	SM4500cl-G	0.05 mg/l
DISSOLVED OXYGEN	8.4	mg/l	0.49	mg/l	60	SM4500-O	1.0 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	2.0	mg/l	1.49	mg/l	3	EPA 351.2	0.10 mg/l
NITRATE PLUS NITRITE NITROGEN	0.46	mg/l	0.36	mg/l	3	EPA 353.2	0.10 mg/l
OIL and GREASE	<5.6	mg/l	<5.6	mg/l	3	1664.A	5.6 mg/i
PHOSPHORUS (Total)	2.7	mg/l	1.91	mg/l	3	EPA 365.1	0.10 mg/i
TOTAL DISSOLVED SOLIDS (TDS)	230	mg/l	1.93	mg/l	3	2540 C	10 mg/l
OTHER							
		ENIF	OF PA	DTD			
REFER TO THE APPLICA	ATION O	· 所謂"是一句子"。 (120年) 法未知。 (120年)	· · · · · · · · · · · · · · · · · · ·	The second second second second	VE WHICH (THER PARTS	S OF FORM
		2A YOU	中国中国中国大阪市场 "是1600年的	4.75	Wild Street, and the property of the second	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	



Copper Basin l	J.D. STP TN0059358	Form Approved 1/14/99 OMB Number 2040-0086
BASIC APPLICATION II	NFORMATION -	
PART C. CERTIFICATION		
applicants must complete all appli completed and are submitting. By	cable sections of Form 2A, as explains	ns to determine who is an officer for the purposes of this certification. All drin the Application Overview. Indicate below which parts of Form 2A you have plicants confirm that they have reviewed Form 2A and have completed all
Indicate which parts o	of Form 2A you have completed	and are submitting:
Basic Application Info	rmation packet S	upplemental Application Information packet:
		Part D (Expanded Effluent Testing Data)
		Part E (Toxicity Testing: Biomonitoring Data)
		Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
		Part G (Combined Sewer Systems)
ALL APPLICANTS MUST CO	MPLETE THE FOLLOWING CER	TIFICATION:
designed to assure that qualified properties are manage the system or those personal transfer or those personal transfer or those personal transfer or those personal transfer or the personal transfer or tran	personnel properly gather and evaluate ons directly responsible for gathering the	e prepared under my direction or supervision in accordance with a system the information submitted. Based on my inquiry of the person or persons who he information, the information is, to the best of my knowledge and belief, true, or submitting false information, including the possibility of fine and imprisonment
Name and official title	Jackie Russell - Chairman	
Signature	Jackie Russel	l e
Telephone number	14231496.5744	
Date signed	4-19-11	
Upon request of the permitting au works or identify appropriate perm	thority, you must submit any other info itting requirements.	mation necessary to assure wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:

Copper Basin U.D. STP TN0059358

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number:		(Complete	once for e	ach outfall	dischargin	ng effluent	to waters o	f the United S	States.)	
	N H		AXIMUM DAILY AVERAGE DAILY DISCHARGE								
POLLUTANT	Conc.	Units	Mass	Units	Conc	Units	Mass	Units	Number of	ANALYTICAL METHOD	ML/MDL
METALS (TOTAL REC	OVERABL	.E), CYAN	IIDE, PHE	NOLS, AN	ID HARDN	IESS.			Samples		
ANTIMONY					T						
ARSENIC		(T) 12 (T) 12 (T)									
BERYLLIUM						•••		<u> </u>			
CADMIUM											
CHROMIUM											
COPPER											
LEAD		****									
MERCURY											
NICKEL											
SELENIUM											
SILVER								<u></u>			
THALLIUM				-					<u> </u>		
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO3)											
Use this space (or a se	parate she	et) to prov	ide inform	ation on o	ther metals	requested	by the pe	ermit writer	1	· · · · · · · · · · · · · · · · · · ·	
					ļ						

Copper Basin U.D. STP TN0059358

Outfall number:	·	(Complete	once for e	ach outfall	dischargii	na effluent	to waters o	of the United		umber 2040-0086
	N. S. S.	NAXIMU	VI DAIL	Υ	AV.	ERAGE	DAILY	DISCHA	RGE	WANTED STATES	
POLLUTANT	Conc	DISCH Units	Mass	Units	Conc.	Units	Mass	Units	Number of	ANALYTICAL METHOD	ML/MDL
VOLATILE ORGANIC	COMPOU					(2000)		<u>[</u>	Samples	<u> 197</u> 0年 1941年 1945年 1945年	
ACROLEIN		<u> </u>	T]	.,			T		<u> </u>
ACRYLONITRILE											
BENZENE	***				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****		*****			
BROMOFORM							ļ				-
CARBON TETRACHLORIDE			· · ·			•					
COLORBENZENE											-
CHLOROBIDBROMO- METHANE											
CHLOROETHANE								-		71	
2-CHLORO- ETHYLVINYL ETHER											
CHOLOROFORM	-										
DICHLOROBROMO- METHANE											
1,1- DICHLOROETHANE						*****					
TRANS-1,2- DICHLORO- ETHYLENE	_			7.7.					=		
1,1- DICHLOROPROPANE											-
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE									 		
1,1,2,2- TETRACHLORO- ETHANE											
TETRACHLORO- ETHYLENE		-									
TOLUENE								<u> </u>			

Copper Basin U.D. STP TN0059358

Outfall number:		(0	Complete (once for e	ach outfall	dischargin	g effluent	to waters of	the United S	States.)	
	o de la N	IAXIMUI	VI DAILY		L P P AV	ERAGE	DAILY	DISCHA	RGE:		
POLLUTANT		DISCH					100			ANALYTICAL	ML/MDL
	Conc.	Units	Mass	Units -	Conc.	Units	Mass	Units	Number of	METHÓD 4	MICHAISE
									Samples		
1,1,1- TRICHLOROETHANE										,	
1,1,2- TRICHLOROETHANE											
TRICHLOROETHYL ENE				-							_
VINYL CHLORIDE				-				••			
Use this space (or a se	parate shee	et) to provi	de informa	ation on ot	her metals	requested	by the pe	rmit writer		· · · · · · · · · · · · · · · · · · ·	7
***************************************		-									
ACID-EXTRACTABLE	COMPOU	NDS			<u>L</u>						
P-CHLORO-M- CRESOL		·			b. d.						
2-CHLOROPHENOL											_
2,4- DIMETHYLPHENOL											
4,6-DINITRO-O- CRESOL				·							
2,4- DINITROPHENOL			•								·
2-NITROPHENOL											
4-NITROPHENOL				·			-		-		
PENTA CHLOROPHENOL											
PHENOL					1						
2,4,6-TRICHLORO PHENOL		-									
Use this space (or a se	parate she	et) to provi	de informa	ation on ot	her metals	requested	by the pe	rmit writer	1		
-											
BASE-NEUTRAL COM	MPOUNDS				- !				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I 17 17-24-24	
ACENAPHTHENE											
ACENAPHTYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A) ANTHRACENE											
BENZO(A)PYRENE									-		

Copper Basin U.D. STP TN0059358

Outfail number:		(0	Complete	once for ea	ach outfail	dischargir	g effluent	to waters o	f the United 8		III/UEI 2040-0000
	/ N	IAXIMUI	VI DAILY		AV	ERAGE	DAILY	DISCHA	RGE		
POLLUTANT	Conc.	DISCH Units	ARGE Mass	Units	Conc	Units	Mass	Units	Number	ANALYTICAL	ML/MDL
近2000年 - 1800年		10							of	METHOD	
3.4 BENZO- FLUORANTHENE				<u> </u>	Hardward Constraint Constraint	ambanda i tas antici alimi			<u> </u>	**************************************	李明(本) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
BENZO(GHI)PERYL ENE											
BENZO(K)FLUORA NTHENE			-			• •					
BIS (2-CHLORO ETHOXY) METHANE							• • •				
BIS (2-CHLOROETHYL)- ETHER											
BIS (2-CHLOROISO- PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER									•		
BUTYL BENZYL PHTHALATE			-								
2-CHLORO NAPHTHALENE				•						e vidilet cal	
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLORO BENZENE											
1,3-DICHLORO BENZENE											
1,4-DICHLORO BENZENE											
3,3-DICHLORO BENZIDINE											•
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE								-			
2,6-DINITROTOLUENE											
1,2- DIPHENYLHYDRAZINE							·				

Copper Basin U.D. STP TN0059358

MAXIMUM DAILY AVERAGE DAILY DISCHARGE	
POLLUTANT Conc. Units Mass Units Conc. Units Mass Units Number of Samples FLUORANTHENE FLUORENE HEXACHLORO BENZENE HEXACHLOROBUT ADIENE HEXACHLOROCYCLO- PENTADIENE INDENO(1,2,3-CD) PYRENE ISOPHORONE NAPHTHALENE NITROSODI-N- PROPYLAMINE N-NITROSODI- METHOD METHO	
FLUORANTHENE FLUORENE HEXACHLORO BENZENE HEXACHLOROSTULO- PENTADIENE HEXACHLOROSTHANE INDENO(1,2,3-CD) PYRENE ISOPHORONE NAPHTHALENE NITROSODI-N- PROPYLAMINE N-NITROSODI- METHYLAMINE	ML/MDL
FLUORENE FLU	
HEXACHLORO BENZENE HEXACHLOROGUT ADIENE HEXACHLOROCYCLO- PENTADIENE HEXA CHLOROETHANE INDENO(1,2,3-CD) PYRENE ISOPHORONE NAPHTHALENE NITROSENZENE N-NITROSODI-N- PROPYLAMINE N-NITROSODI- METHYLAMINE	173 (1990) 1897 1897 18
BENZENE	
ADIENE HEXACHLOROCYCLO-PENTADIENE HEXA CHLOROETHANE INDENO(1,2,3-CD) PYRENE ISOPHORONE NAPHTHALENE NITROBENZENE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE	
PENTADIENE	
CHLOROETHANE INDENO(1,2,3-CD) PYRENE ISOPHORONE NAPHTHALENE NITROBENZENE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE N-NITROSODI-PHENYLAMINE	
PYRENE ISOPHORONE NAPHTHALENE NITROBENZENE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE	
NAPHTHALENE NITROBENZENE N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE	
N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE	
N-NITROSODI-N-PROPYLAMINE N-NITROSODI-METHYLAMINE N-NITROSODI-PHENYLAMINE	
PROPYLAMINE N-NITROSODI- METHYLAMINE N-NITROSODI- PHENYLAMINE	
METHYLAMINE N-NITROSODI- PHENYLAMINE	
PHENYLAMINE	
PHENANTHRENE	
	-
PYRENE	
1,2,4- TRICHLOROBENZENE	
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer	
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer	
END OF PART D.	ering a Al

Copper Basin U.D. STP TN0059358

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

- POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd 2) POTWs.with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

 At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show to appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include species/for the results from contrests performed at least annually in the riod, and one-finding special for its results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136
 - In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted
 - If you have already submitted any of the information requested in Part Epyou heed not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E

If no bior complete	nonitoring data is required, do r	ot complete Part E. Refer to t	ne Application Overview for directions o	n Which other sections of the form to
E.1.	Required Tests.	·		
	Indicate the number of whole	effluent toxicity tests conducted	d in the past four and one-half years.	
	chronic acute			
E.2.	Individual Test Data. Con one column per test (where ea	nplete the following chart <u>for ea</u> ach species constitutes a test).	ach whole effluent toxicity test conducte Copy this page if more than three tests	d in the last four and one-half years. Allow are being reported.
·		Test number:	Test number:	Test number:
	a. Test information.			
Test Spe	cies & test method number			
Age at in	itiation of test			
Outfall no	umber			
Dates sa	mple collected			
Date test	started			
Duration	10.			
1.	b. Give toxicity test me	thods followed.		
Manual ti	tle			
Edition n	umber and year of publication			
Page nur	mber(s)			
	c. Give the sample col	lection method(s) used. For m	nultiple grab samples, indicate the numb	er of grab samples used.
24-Hour	composite			
Grab				
	d. Indicate where the s	sample was taken in relation to	disinfection. (Check all that apply for e	ach.
Before di	sinfection		1110	
After disi	nfection			
After dec	hlorination			
	·	I	<u> </u>	

FACILITY NAME AND PERMIT NUMBER: Copper Basin U.D. STP TN0059358

		Test number:	Test number:	Test number:
e.		the treatment process at which the sa	mple was collected.	
Sample was collec	ted:			
f.	For each test, includ	e whether the test was intended to ass	ess chronic toxicity, acute toxicity, or	both
Chronic toxicity		377		
Acute toxicity				
g.	Provide the type of t	est performed.		
Static				
Static-renewal				
Flow-through	7.55			
h.	Source of dilution wa	ater. If laboratory water, specify type; i	f receiving water, specify source.	
Laboratory water	-			,
Receiving water				
i.	Type of dilution water	er. If salt water, specify "natural" or type	e of artificial sea salts or brine used.	
Fresh water				
Salt water				
J.	Give the percentage	effluent used for all concentrations in t	the test series.	
	STATE STATE			
k.	Parameters measure	ed during the test. (State whether para	ameter meets test method specification	ns)
рН				
Salinity				
Temperature			-	
Ammonia				
Dissolved oxygen			,	
I.	Test Results.			
Acute:				
Percent effluent	survival in 100%	%	%	%
LC ₅₀				
95% C.I.		%	%	%
Control p	percent survival	%	%	%
Other (d	escribe)			

FACILITY NAME AND PERMIT NUMBER: Copper Basin U.D. STP TN0059358 Form Approved 1/14/99 OMB Number 2040-0086 Chronic: NOEC % % % IC_{25} % % % Control percent survival % % % Other (describe) Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test 1 1 1 1 run (MM/DD/YYYY)? Other (describe) E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation? Yes No If yes, describe: E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results. _______ (MM/DD/YYYY) Date submitted: Summary of results: (see instructions) END OF PART E. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILI	TY NAME	AND PERMIT NUMBER:			
_ #	Сор	per Basin U.D. STP	TN0059358		Form Approved 1/14/99 OMB Number 2040-0086
F.8.	Proble problem	ms at the Treatment Wor s (e.g., upsets, interference)	rks Attributed to Waste Date the treatment works in the part of th	Discharge by the Spast three years?	SIU. Has the SIU caused or contributed to any
	Yes	No If yes,	describe each episode.	•	
RCRA	HAZAR	DOUS WASTE RECEI	VED BY TRUCK, RAIL	, OR DEDICATE	D PIPELINE:
F.9.		Waste. Does the treatment			vived RCRA hazardous waste by truck, rail or
	Yes	No (go to F.12)			
F.10	Waste	transport. Method by whic	h RCRA waste is received (ch	neck all that apply):	
	☐ Tru	ck 🗌 Rail	Dedicated Pipe		
F.11	Waste	Description. Give EPA ha	zardous waste number and a	mount (volume or ma	ss, specify units).
	EPA Ha	zardous Waste Number	<u>Amount</u>		<u>Units</u>
					
			-		
CERC	LA (SUE	PERELIND) WASTEWA	TER, RCRA REMEDIA	TION/CORRECT	TIVE ACTION
WAST	EWATE	R, AND OTHER REME	DIAL ACTIVITY WAST	EWATER:	TVE ACTION
F.12	Remed	liation Waste. Does the tre	eatment works currently (or ha	as it been notified that	t it will) receive waste from remedial activities?
	Yes	(complete F.13 through F.15	5.) No		
F.13	Waste	Origin. Describe the site are in the next five years).	nd type of facility at which the	CERCLA/RCRA/or of	ther remedial waste originates (or is excepted to
			10.00		
E 44	Dallasta				7 1 War 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
F.14	known.	I nts. List the hazardous con (Attach additional sheets if n	stituents that are received (or ecessary.)	are expected to be re	eceived). Include data on volume and concentration, if
F.15	Waste	Treatment.			
.,,,	a.		I be treated) prior to entering	the treatment works?	
		Yes No	*		
		If yes, describe the treatme	ent (provide information about	t the removal efficienc	py):
	b.	Is the discharge (or will the	discharge be) continuous or	intermittent?	
	-	Continuous	Intermittent		escribe discharge schedule.
				, , , , , , , , , , , , , , , , , , ,	_
				PARTE.	
RE	ERTO	THE APPLICATION	IN OVERVIEW TO	DETERMINE	WHICH OTHER PARTS OF FORM

	4	ME AND PERMIT NUMBER:	
¥	- 60	pper Basin U.D. STP TN0059358	Form Approved 1/14/99 OMB Number 2040-0036
	C.	Give the average volume per CSO event.	
		million gallons (actual or appro	(.)
	d.	Give the minimum rainfall that caused a CSO event in t	he last year
		Inches of rainfall	
G.5.	Desc	cription of Receiving Waters.	
	a.	Name of receiving water:	
	b.	Name of watershed/river/stream system:	
		United State Soil Conservation Service 14-digit watersh	ed code (if known):
	C.	Name of State Management/River Basin:	
		United States Geological Survey 8-digit hydrologic cata	loging unit code (if known):
G.6.	cso	Operations.	
	perm	ribe any known water quality impacts on the receiving water anent or intermittent shell fish bed closings, fish kills, fish adv y standard).	caused by this CSO (e.g., permanent or intermittent beach closings, risories, other recreational loss, or violation of any applicable State water
		· · · · · · · · · · · · · · · · · · ·	
植物质的	ius (57.184)		
1845945			PART G. DETERMINE WHICH OTHER PARTS OF FORM

Additional information, if provided, will appear on the following pages.